



Secondary Unannounced Care Inspection

Name of Establishment:	Stewart Memorial House
Establishment ID No:	1278
Date of Inspection:	13 February 2015
Inspector's Name:	Norma Munn
Inspection ID:	20473

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

1.0 General Information

Name of Home:	Stewart Memorial House
Address:	39 Downshire Road Bangor BT20 3RD
Telephone Number:	028 9146 5211
E mail Address:	Lyndsey.Paul@niid.co.uk
Registered Organisation/ Registered Provider:	NI Institute for the Disabled Mr William John Miskimmon
Registered Manager:	Ms Lyndsey Paul
Person in Charge of the Home at the Time of Inspection:	Ms Lyndsey Paul
Categories of Care:	NH-I ,NH-PH ,NH-PH(E) ,NH-TI
Number of Registered Places:	30
Number of Patients Accommodated on Day of Inspection:	20
Scale of Charges (per week):	£581.00 - £893.00
Date and Type of Previous Inspection:	17 October 2014, Primary unannounced inspection
Date and Time of Inspection:	13 February 2015 10:30 – 16:00 hours
Name of Inspector:	Norma Munn

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

3.0 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process

4.0 Methods/Process

Specific methods/processes used in this inspection include the following:

- Discussion with the Registered Manager
- discussion with staff
- discussion with patients individually and to others in groups
- review of a sample of care plans
- observation during a tour of the premises
- evaluation and feedback

5.0 Inspection Focus

The inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Homes Minimum Standard and to assess progress with the issues raised during and since the previous inspection:

Standard 19 - Continence Management

Patients receive individual continence management and support.

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

6.0 Profile of Service

Stewart Memorial House is situated in a quiet residential area of Bangor, Co Down. It is set overlooking Belfast Lough and many of the rooms have wonderful views. There are grounds to the rear of the building and an open area at the front, which is popular with patients.

The nursing home is owned and operated by NI Institute for the Disabled (NIID).

The current registered manager is Ms Lyndsey Paul.

Accommodation for patients is provided over two floors with the majority of bedrooms on the ground floor. Communal toilet and bathroom facilities are located throughout the home. The upper floors are serviced by a passenger lift.

A dining room is provided on the ground floor of the home. There are two lounges and a conservatory, all of which have a bright outlook onto views of the coast.

The home is registered to provide care for a maximum of 30 persons under the following categories of care:

Nursing care

I	old age not falling into any other category
PH	physical disability other than sensory impairment under 65
PH(E)	physical disability other than sensory impairment over 65 years
TI	terminally ill

7.0 Executive Summary

This unannounced inspection of Stewart Memorial House was undertaken by inspector Norma Munn on 13 February 2015 between 10 30 and 16 00 hours. The inspection was facilitated by Ms Lyndsey Paul, Registered Manager who was available throughout the inspection. Verbal feedback was given to Ms Paul at the conclusion of the inspection.

The focus of this inspection was Standard 19: Continence Management and to assess progress with the issues raised during and since the previous inspection of 17 October 2014.

As a result of the previous inspection two requirements were made. These were reviewed during this inspection and it was evidenced that both requirements have been fully complied with. Details can be viewed in the section immediately following this summary.

Assessments and care plans were reviewed with regard to the management of continence in the home. Not all patients and/or their representatives had been involved in discussions regarding the ageing and planning of nursing interventions. A recommendation has been made.

Policies and procedures for continence management were not available for inspection. Discussion with the registered manager confirmed that policies and procedures had been developed but required to be reviewed in line with current best practice guidance. A recommendation has been made

Nursing staff spoken with on the day of the inspection were knowledgeable regarding the management of continence care, urinary catheters and the frequency with which the catheters within the home required to be changed.

From a review of the available evidence, discussion with relevant staff and observation, it was evidenced that the level of compliance with the standard inspected is substantially compliant.

Additional Areas Examined

Care Practices
Staffing
Patients Comments
Staff Comments
Environment

Details regarding the inspection findings for these areas are available in the main body of the report.

Conclusion

At the time of this inspection, the delivery of care to patients was evidenced to be of a good standard and patients were observed to be treated by staff with dignity and respect. Good relationships were evident between staff and patients. Patients were well groomed, appropriately dressed and appeared comfortable in their surroundings.

As a result of this inspection two recommendations have been made.

The inspector would like to thank the patients, registered manager, registered nurses and staff for their assistance and co-operation throughout the inspection process.

8.0 Follow-Up on Previous Issues from Care Inspection on 17 October 2014

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	12(4)(b)	<p>The registered manager must review the menu available in respect of the following;</p> <ul style="list-style-type: none"> • Full fat milk should be provided for all patients unless medically prohibited • High calorie yoghurts should be available for all as required • Milk puddings such as enriched semolina, custards etc. should be available daily as snacks or desserts for those requiring a modified diet • Potatoes, porridge and milk puddings should be enriched with butter and/or fortified with cream • Fresh fruit should be served daily to all patients in a suitable style to encourage consumption • Fresh fruit should be stewed / pureed and available throughout the day for patients requiring a modified diet. 	Discussion with the registered manager and cook confirmed that the menu has been revised and patients were being offered a nutritious and varied diet to meet individual nutritional requirements.	Compliant
2.	14(2)(c)	The registered person must ensure that all chemicals in the sluice rooms are stored in keeping with COSHH requirements.	During a tour of the premises the sluice rooms were observed to be locked and chemicals in the sluice rooms were kept in keeping with COSHH requirements.	Compliant

8.1 Follow up on any issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in the Nursing Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

There have been nil notifications to RQIA regarding safeguarding of vulnerable adults (SOVA) incidents since the previous care inspection.

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9.0 Inspection Findings

STANDARD 19 - CONTINENCE MANAGEMENT Patients receive individual continence management and support	
Criterion Assessed: 19.1 Where patients require continence management and support, bladder and bowel continence assessments are carried out. Care plans are developed and agreed with patients and representatives, and, where relevant, the continence professional. The care plans meet the individual's assessed needs and comfort.	COMPLIANCE LEVEL
Inspection Findings: Review of three patients' care records evidenced that bladder and bowel continence assessments were undertaken. The outcome of these assessments, including the type of continence products to be used, was incorporated into the patients' care plans on continence care. Bladder and bowel assessments and continence care plans were reviewed and updated on a monthly basis or more often as deemed appropriate. The promotion of continence, skin care, fluid requirements and patients' dignity were addressed in the care plans inspected. Review of three patient's care records did not evidence that either they or their representatives had been involved in discussions regarding the agreeing and planning of nursing interventions. A recommendation has been made to ensure that care plans are developed in consultation with the patient and/or their representative. The care plans reviewed addressed the patients' assessed needs in regard to continence management. Discussion with staff and observation during the inspection evidenced that there were adequate stocks of continence products available in the nursing home.	Substantially Compliant

STANDARD 19 - CONTINENCE MANAGEMENT
Patients receive individual continence management and support

Criterion Assessed:

19.2 There are up-to-date guidelines on promotion of bladder and bowel continence, and management of bladder and bowel incontinence. These guidelines also cover the use of urinary catheters and stoma drainage pouches, are readily available to staff and are used on a daily basis.

COMPLIANCE LEVEL**Inspection Findings:**

Policies and procedures for continence management were not available for inspection. Discussion with the registered manager confirmed that policies and procedures had been developed but required to be reviewed. A recommendation has been made to ensure that policies and procedures on continence management are reviewed in accordance with current best practice and are made available for staff to use on a daily basis.

Staff spoken with were aware of best practice guidance documents in relation to continence care. These documents were readily available for staff to be used on a daily basis

Substantially Compliant

STANDARD 19 - CONTINENCE MANAGEMENT
Patients receive individual continence management and support

Criterion Assessed: 19.3 There is information on promotion of continence available in an accessible format for patients and their representatives.	COMPLIANCE LEVEL
Inspection Findings: Not assessed.	Not assessed
Criterion Assessed: 19.4 Nurses have up-to-date knowledge and expertise in urinary catheterisation and the management of stoma appliances.	COMPLIANCE LEVEL
Inspection Findings: Discussion with the registered manager confirmed that staff were assessed as competent in continence care. Several registered nurses in the home were deemed competent in female and male catheterisation and the management of stoma appliances. Staff informed the inspector that advice and support for continence management can be sourced from the continence nurse in the local Trust if required. Regular audits of the management of incontinence had been undertaken and the findings acted upon to enhance already good standards of care.	Compliant

Inspector's overall assessment of the nursing home's compliance level against the standard assessed	Substantially Compliant
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10.0 Additional Areas Examined

10.1 Care Practices

During the inspection staff were noted to treat the patients with dignity and respect. Good relationships were evident between patients and staff.

Patients were well presented with their clothing suitable for the season. Staff were observed to respond to requests promptly. The demeanour of patients indicated that they were relaxed in their surroundings.

10.2 Staffing

Review of the duty rota weeks commencing 2 February 2015 and 9 February 2015 evidenced that staffing levels were above RQIA's recommended minimum staffing guidelines for the number of patients accommodated in the home during the inspection.

10.3 Patients Comments

Seventeen patients were spoken with individually and the majority of others in smaller groups. Patients spoken with confirmed that they were treated with dignity and respect, that staff were polite and respectful, that needs were met in a timely manner, that the food was generally good and plentiful and that they were happy living in the home.

Examples of patients' comments were as follows:

"Staff are very attentive"

"The kitchen staff will go out of their way to make an alternative meal for me"

"My room is kept spotless"

"I couldn't find any fault with this place"

10.4 Staff Comments

Eleven staff including registered nurses, care staff and ancillary staff were spoken with. Staff responses in discussion indicated that they received an induction, completed mandatory training, were knowledgeable in relation to the inspection focus and were very satisfied or satisfied that patients were afforded privacy, treated with dignity and respect and were provided with care based on need and wishes.

Examples of staff comments were as follows:

"The quality of care is very good"

"We give extra special care here"

10.5 Environment

A tour of the premises was undertaken which included the majority of patients' bedrooms, bathrooms, shower and toilet facilities and communal areas. The majority of bedrooms were personalised with photographs, pictures and personal items. The home was fresh smelling and appropriately heated throughout.

11.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Ms Lyndsey Paul, registered manager as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

**Norma Munn
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT**



Quality Improvement Plan

Secondary Unannounced Care Inspection

Stewart Memorial House

13 February 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Ms Lyndsey Paul, Registered Manager either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Recommendations

These recommendations are based on The Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	19.1	<p>The registered person should ensure that care plans are developed in consultation with the patient and/or their representative.</p> <p>Ref: Section 5.0 Standard 19.1</p>	One	All primary nurses have reviewed their care plans in collaboration with the residents. In the case where residents are unable to provide their opinions the next of kin has been consulted. This is documented on care plans.	By 13 March 2015
2	19.2	<p>The registered person should ensure that policies and procedures on continence management are reviewed in accordance with current best practice and are made available for staff to use on a daily basis.</p> <p>Ref: Section 5.0 Standard 19.2</p>	One	The continence policy has been rewritten and is currently being reviewed by senior management team and nursing staff, prior to the the final draft being made available for daily use.	By 13 March 2015

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Lyndsey Paul
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	John Miskimmon

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Norma Munn	2 April 2015
Further information requested from provider			